OIRE								
DECLARATION/POWER OF ATTORNEY FOR		Attorney Docket	Number	17965				
UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		ON First Named Inv	entor	Yongwen Yar	ig et al.			
(0. 0221								
☐ Declaration [ Submitted	Declaration Submitted after Initi		COMPLETE IF I		70			
with Initial	Filing (surcharge	Application Number Filing Date		10/647,87 8/25/200				
Filing	(37 CFR 1.16(e))	Group Art Unit		6/23/200.	<u> </u>			
	required	Examiner Name						
As a below named inventor, I l	hereby declare that:				,			
My residence, mailing address, a	and citizenship are as st	ated below next to my name.	_					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
APPARATUS, METHODS AND ARTICLES OF MANUFACTURE FOR SIGNAL CORRECTION USING ADAPTIVE PHASE RE-ALIGNMENT								
the specification of which								
☐ is attached hereto								
OR								
was filed on August 25, 2003 as United States Application Number 10/647,878 or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT internatinal application having a filing date before that of the application on which priority is claimed.								
		Foreign Filing Date	Priority	Certified Copy	Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s	<u>)                                    </u>	ng Date (MM/DD/YYYY)	— — — A 4 4 14 14 1	11-	1! 4!			
				onal provisional a ers are listed on a	pplication			
			supple	mental priority da B/02B attached h				

<u> </u>								
DECLARATION – Utility or Design Patent Application								
Direct all correspondence to: ☐ Customer Number or ☒ Correspondence address below								
Name Driscoll A. Nina, Jr., Esquire								
Address	Address Tyco Technology Resources							
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Country	US	Tele	phone (30	2) 633 3566	Fax (302) 633 2776			
	PO	WER OF A	ATTORNI	EY				
I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:								
•	Driscoll A. Nina, Jr.  Registration No. 34685 Robert J. Kapalka Registration No. 34198 Michael J. Aronoff Registration No. 37770 Salvatore Anastasi Registration No. 39090 T. Daniel Christenbury Registration No. 31750 Paul A. Taufer Registration No. 35703 Frank A. Cona Registration No. 38412 Darius C. Gambino Registration No. 41472 James E. Bauersmith Registration No. 50533							
[x] I hereby appoint the practitioner(s) associated with Customer Number 035811 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.								
[ ]. Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).								
. DECLARATION								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])  Yongwen  Family Name or Surname  Yang								
Inventor's Signati	ure y pue	7-1	-		Date (0/23/2003			
Residence/City: H	Iillsboro	State NJ		Country US	Citizenship US			
Mailing Address: 9 Lewis Street								
Mailing Address:				T				
City Hillsboro		State NJ		Zip 08844	Country US			
		[Page	2 of 3]					

NAME OF SECOND INVENTOR:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature (Quol Most)  Moy  Date 10/23/2003								
	a. M			, IIC				
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		State NJ		<b>Zip</b> 07960	Country US			
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:  A petition has been filed for this unsigned inventor					ed inventor			
Given Name (first and middle [if any]) Christine		Family Name or Surname DiVincenzo						
Inventor's Signature Christine Delucius Date 10/23/03								
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Mailing Address: 51 Beacon Hill Road								
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City: Califon	State NJ			<b>Zip</b> 07830	Country US			
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Given Name (first and middle [if any])		Family Name or Surname						
Date								
Inventor's Signature								
Residence/City: S		State		Country	Citizenship			
Mailing Address								
Mailing Address								
		tate Zip		Zip	Country			
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:  Given Name (first and middle [if any])		☐ A petition has been filed for this unsigned inventor						
		Family Name or Surname						
Inventor's Signature					Date			
Residence/City: Sta		e		Country	Citizenship			
Mailing Address								
Mailing Address								
City Sta		e		Zip	Country			

[ ] Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.